

## Foster Family Home - Corrective Action Report

Provider ID: 1-190067

Home Name: Susana Haber, CNA

Review ID: 1-190067-1

86-190 Moeiua Street

Reviewer: David Ayling

Waianae HI 96792

Begin Date: 8/13/2019

Foster Family Home

Required Certificate

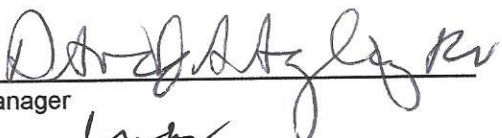
[11-800-6]

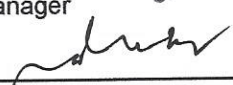
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 8/13/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date